

Grange Road Surgery

New Patient Registration Form

Please complete in block capitals.

Last name First names

Date of birth Place of birth

Marital status Address

Tel: (home)

Tel: (mobile).....

Can we use your mobile number to text you with appointment reminders and surgery information?
 YES NO

What is your Ethnic background? (please circle)

White				
British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other <input type="checkbox"/>
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other <input type="checkbox"/>
Chinese or other ethnic Group				
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	

Smoking

	Please tick	Avg. number smoked per day	Year/age started	Year stopped
Never Smoked				
Smoker				
Ex-smoker				

SMOKING KILLS. If you would like help giving up smoking, please ask reception for an appointment.

Alcohol Consumption (please circle)

Questions	Scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times / month	2-3 times / week	4+ times / week
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Have you been registered with this practice in the past? YES NO

Please list your current medical complaints

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Please list your current medications

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Family History (please tick)

Diabetes		Breast Cancer		Angina/Heart attack	
Asthma		Stroke		Colon Cancer	
Glaucoma		High blood pressure			

Do you have any allergies (please state)?

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Are you a carer (please circle)?

YES NO

You will be enrolled for our online services as part of your registration, this will allow you to book appointments and request repeat prescriptions on line. If you would like to opt out of this please tick the box below.

Opt out

Thank you for registering with Grange Road Surgery. Please take time to read the enclosed Practice Information Leaflet and the leaflet about how we handle your information.

0117 964 4343

www.grangeroadsurgery.co.uk

AIS (ACCESSIBLE INFORMATION STANDARD)

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health care services.

Please let us know if you have any information or communication needs by ticking the boxes below:-

- British Sign Language
- Braille Grade 1
- Braille Grade 2
- Information by email
- Easy Read
- Large font
- Advocate
- Interpreter
- Information verbally
- No communication/information assistance required

If you need information or communication delivered in a different format from the above please let us know.

Comments can be written here.

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